PROCEEDINGS OF THE BROWN COUNTY HUMAN SERVICES COMMITTEE

Pursuant to Section 19.84 Wis. Stats., a regular meeting of the **Brown County Human Services Committee** was held on Wednesday, March 25, 2015 in Room 200 of the Northern Building, 305 E. Walnut Street, Green Bay, Wisconsin

Present: Chair Evans, Supervisor Robinson, Supervisor Hoyer

Excused: Supervisor La Violette, Supervisor Haefs

Also Present: Chua Xiong, Rob Gollman, Chad Weininger, Rebecca Lindner, Carole Andrews, Devon Christianson, Doug

Schneider, Nancy Fennema, Ian Agar, Tim Schmitt, Supervisor Campbell, other interested parties

1. Call Meeting to Order.

The meeting was called to order by Chairman Patrick Evans at 5:35 p.m.

II. Approve/Modify Agenda.

Chair Evans wished to modify the agenda to take Item 3 immediately following the approval of the agenda.

Motion made by Supervisor Robinson, seconded by Supervisor Hoyer to approve as modified. Vote taken. <u>MOTION CARRIED UNANIMOUSLY</u>

Although shown in the proper format here, Item 3 was taken at this time.

III. Approve/Modify Minutes of February 25, 2015.

Motion made by Supervisor Hoyer, seconded by Supervisor Robinson to approve. Vote taken. <u>MOTION</u> CARRIED UNANIMOUSLY

Comments from the Public

<u>-George Kerwin, 930 Hickory Avenue, De Pere, WI.</u> Kerwin is the President and CEO of Bellin. He stated that representatives of Bellin recently had a cordial conversation with Strategic Behavioral Health's (hereinafter SBH) Director of Development, Mike Garone as well as their CEO. Kerwin emphasized that there is a whole line of reasoning and a critical issue that he has not heard SBH talk about in terms of the evaluation of this community. He continued that that critical issue has to do with who is paying the bill. Kerwin felt that an increase in hospitalizations will translate into an increase of costs for the community. He continued that Bellin has been in this community for a long time and has been offering this array of services for a long time. Kerwin explained that in having that experience, Bellin understands the community and the element that has not been discussed by SBH is the payer community, including the insurance carriers and the self-insured employers which he believes is a critical issue. Kerwin continued that Bellin has an 80 bed hospital that has been operating for 20 years and in that period of time Bellin has negotiated many contracts with payers and has interacted frequently with the major area employers. They continue to meet with them on a regular basis to help them manage their overall costs, including psychiatric costs. Kerwin continued that this community has worked very hard and very effectively in bringing down the average cost of care for the entire population which includes Brown County and the northern counties.

<u>-Bill Meindl, 125 W. Mission Road, Green Bay, WI.</u> Meindl indicated that he was surprised at the amount of public grilling that SBH is getting, especially in comparison to what he suspects was not very much when Bellin Psychiatric Center came into the community 20 years ago. Meindl felt that to some degree the amount of public grilling from so many people is unprecedented. He continued that he felt SBH has done their research and has

honestly established a need for this and is willing to build and improve the quality of mental health care in the community. Meindl felt this would be a benefit to Brown County and should be a go. He did not think there were many people in the meeting who were experts in the field that could say otherwise. Meindl continued that in looking at the Committee he sees at least one free marketer and he felt that could be interpreted one way as a level of government intrusion in the free market system if a competitor is coming into the market and has done what needs to be done and has a track record of doing this successfully in other communities. Meindl concluded that he felt SBH would be a great asset to Brown County and that should be mentioned and emphasized and understood and appreciated.

Report from Human Services Chair, Patrick Evans

Chair Pat Evans stated that he recently received the Community Impact Award from the United Way for work done with the Child Abuse and Neglect Task Force and he thanked Brown County for funding part of this and noted that it was a community effort with a lot of community providers.

1. Review Minutes of:

- a. Board of Health (January 13, January 20 and March 3, 2015).
- b. Human Services Board (March 12, 2015).
- c. Veterans Recognition Subcommittee (February 17, 2015).

Supervisor Robinson indicated that he wished to pull Item b.

Motion made by Supervisor Hoyer, seconded by Supervisor Robinson to suspend the rules and take Items 1 a & c together. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor Hoyer, seconded by Supervisor Robinson to receive and place on file Items 1 a & c. Vote taken. <u>MOTION CARRIED UNANIMOUSLY</u>

With regard to Item b, Supervisor Robinson stated that the minutes of the Human Services Board include a rework of the bylaws of medical staff at the CTC. Robinson wondered how this works because it was his understanding that there had to be presence of the governing board whenever certain meetings took place in terms of overseeing the CTC. Robinson is trying to understand how physically this is happening and meeting requirements.

Jordan Bruce, an employee of a consulting firm in Madison and the current Interim Administrator of the hospital and nursing home introduced himself to the Committee. Bruce stated to his knowledge the main reason for the change in the bylaws was to include the governing board and make some changes to the governing board. What was cited under state and federal surveys that occurred in December and January was that there was one individual that comprised the governing board and, because of that, the governing body had to be revised. Robinson stated that his understanding was that the person who was the governing body, the former Director of Human Services, was not present at the CTC when he needed to be present and asked if that was accurate. Bruce responded that that was his understanding. Robinson asked if there were meetings happening at the CTC with staff present, but not the governing body, how it works with the Human Services Board serving as the governing body and being present at the meetings as it was his assumption that those meetings happened during the business day. Bruce's understanding was that there is just one representative that can report to the Human Services Board. Robinson asked if there is a member of the Human Services Board representing that as the governing body that attends those meetings at the CTC. Bruce stated that that was his belief, but he would have to review that to find out for certain because the governing body bylaws are very lengthy. Robinson stated that he would like to know physically how that works.

Motion made by Supervisor Robinson, seconded by Supervisor Hoyer to receive and place on file Item 1b. Vote taken. <u>MOTION CARRIED UNANIMOUSLY</u>

Communications

2. Communication from Supervisor Robinson re: That the new County Human Services Director and the Human Services Department staff put together a report to be presented at the August Human Services Committee, with monthly updates to the Committee that examines: CTC/In-patient Mental Health & AODA County Services; Community Mental Health and AODA County Services; Mental Health and AODA services offered by the community in general with which the County has a partnership. Motion at February Meeting: To make this a standing item until such time as dispensed of.

Behavioral Health Manager Ian Agar, provided the Committee with a written report which summarizes the patient services at the CTC, a copy of which is attached.

Robinson thanked Agar for the information provided as he found it very helpful. Robinson wished to follow up on something that came up earlier in the discussion with SBH. Robinson asked how many people are currently on the waiting list for mental health services and Agar stated it was about 240. Robinson asked how quickly someone can get in to see a psychiatrist and Agar responded that if there are urgent needs someone could be seen within a few days. He continued that the issue that presents itself is that people with certain needs end up on the wait list for things such as chemical dependency and those needs arise because they cannot be met in the community. Agar noted that many on the wait list have burned bridges with previous providers in the community for reasons such as failed appointments and then come to the County to be served. The County is waiting for medical records on some of those individuals as they need a full history in order to make an assessment. Agar continued that they try to resolve this by sometimes having individuals meet with a therapist and the therapist does a thorough assessment so they can bypass the need for collateral information. The people on the wait list are a combination of people who are hard to serve in general and people whose medical records they are waiting to receive.

Robinson indicated that Supervisor La Violette asked questions about the wait list about 1½ years ago, and at that time the wait was about three months. Three or four months ago the same question was asked and the response was a month but just in the conversation with Mike Garone the wait list was mentioned to be three to six months. Robinson understands that the wait list will fluctuate, but felt that in a very short period of time the wait list numbers seem to be varying wildly. Agar's opinion is that if there was one additional full-time psychiatrist, the wait list could be eliminated. Robinson asked what the cost to the County would be to employ another psychiatrist and Agar responded that the minimum would be \$200,000.

Robinson stated the other thing he would like to know is what kind of collaboration and connections are going on between the County's mental health provisions through Human Services and the situations being handled by law enforcement through the Jail or in terms of what they are doing in the community as it seems to him like the populations served at the CTC would overlap with law enforcement to some degree. Robinson stated that he would like information on this sometime in the time period before August.

Motion made by Supervisor Hoyer, seconded by Supervisor Robinson to place this standing item on next month's agenda. Vote taken. MOTION CARRIED UNANIMOUSLY

3. Communication from Supervisor Robinson re: Request a representative of Strategic Behavioral Health, which is proposing a psychiatric hospital be built in Brown County, appear before the Human Services Committee to discuss the hospital proposal and any potential impact.

Mike Garone, Director of Development at Strategic Behavioral Health (hereinafter SBH) joined the meeting via teleconference.

Supervisor Robinson thanked Garone for participating in the teleconference. Robinson stated that SBH's proposal to start a psychiatric hospital in the community has generated a lot of community conversation and noted that circumstances that allow for improved access to mental health and AODA services with improved outcomes would benefit the community. Robinson continued that because mental health and AODA services are connected in many ways, he is hoping to get a better sense of how a new hospital would impact the County and its mental health and AODA services. Robinson is interested in SBH's track record in other communities as he felt that would help Brown

County understand what SBH would be doing if they come to the County. Robinson stated that there have been some current service providers that have raised concerns about a new facility and he would like to address some of those concerns.

Garone began by thanking the Committee for allowing him to attend this meeting remotely and also thanked the Committee for reaching out to SBH to get the dialogue started as he agreed that it would be mutually beneficial to SBH and the County to have open communication.

Garone continued that SBH is a national provider of inpatient psychiatric hospitalization and residential treatment. They are based out of Memphis but have eight hospitals currently operating in five states as well as three projects under development, including the Green Bay project. Garone stated that first and foremost, SBH is in the business of delivering quality care to families and individuals suffering from mental illness. They are a growing company and they look at markets that are underserved. Garone continued that over the course of the last several years they have done a sophisticated analysis of the entire United States, taking into consideration any metropolitan service areas greater than 300,000 people. He commented that knowing that behavioral health services are often regional, SBH looks at a primary service area of 25 miles and a secondary service area of 50 - 100 miles. SBH looks at the number of psychiatric beds currently available, the population, staffing and financial capability of the project from a building cost as well as the cost to operate a facility. Each of those factors has a weighted average and after sifting through all of the information, a list of markets that have a need is generated. Garone in turn goes into those communities and spends time with the mental health stakeholders. In the case of the proposed Green Bay project, he is confident that he has had meetings with representatives from the main stakeholders. Following those meetings Garone was able to confirm that the data did translate into project feasibility and SBH then moved forward with talking with the City. Garone noted that SBH felt very warmly received in Green Bay and wish to move the project forward. They went in front of the City Council and were met with some questions and resistance from the existing provider of inpatient psychiatric services, Bellin. Garone felt that SBH was caught off guard and it was a learning experience in that they should not take anything for granted in terms of the receptiveness of a community. The conversations that Garone had with the County consisted of conversations with former Human Services Director, Jeremy Kral. Garone continued that they also met with representatives from the Probate Court and juvenile justice. SBH is very much interested in collaborating and bringing services to Brown County as they feel there is a need. Garone would be happy to answer any of the questions the Committee has to put any concerns to rest and hopefully leave with a good understanding and the support of the County.

Robinson thanked the County Board staff and TS for setting up the teleconference. He continued that he wanted to be very clear that he is neutral on this issue at this time. He stated his concern is not so much in terms of trying to say yes or no to this, but more to gather information so the County, as a provider of mental health services, can understand the consequences of SBH coming into the community, whether good, bad or indifferent. Robinson continued that he had information that SBH's hospitals on average are 90% full. Garone responded that as of the day of the City Council meeting on March 16, the census for all of the acute services was 85% among all of their inpatient psychiatric beds. This does not include psychiatric residential treatment as Garone felt that that skews the data somewhat.

Robinson asked for a distinction between the psychiatric beds and the residential treatment. Garone stated that SBH has a variety of different levels of care offered throughout their system. The highest level of care is referred to as acute inpatient care which is 24/7 psychiatric stabilization and rehabilitation. The average length of stay for this treatment is five–10 days. SBH also offers inpatient detoxification services and inpatient residential treatment for chemical dependency. The psychiatric residential treatment mentioned previously is for children and adolescents and is long-term care. Garone continued that the facility being proposed for Green Bay would be a 72 bed facility which would be broken into a separate and dedicated geriatric inpatient unit, a separate and dedicated unit for adult inpatient psych, a separate and dedicated unit for adolescent inpatient psych, a separate and dedicated unit for medically managed detoxification from chemicals. Robinson asked if the breakdown of beds would be roughly even among those five categories. Garone responded that the way the building is broken down, the only unit they know for certain at this time is 16 beds for the geriatric population and that is because the facility is designed in such a way that that 16 bed unit has special accommodations for an older population such as safety flooring. The other beds are broken down by unit and there will be two 18 bed units, and

two 10 bed units, but at this time they do not know which category will be assigned to each unit. Garone continued that it takes about 12 months to build a facility and what unit gets how many beds is determined in phase two of the project. SBH would naturally want to make sure that to the best of their ability they are complimenting existing service lines and not duplicating, but the flexibility to change patient population between units is available based on the way the facility is built. Robinson stated he is trying to get what SBH is projecting for the year and to him it sounds like only the acute inpatient services are at the 85% occupancy rate referred to earlier. Further, if the average stay is seven days, you would be looking at over 2800 admissions in a year. Garone clarified that length of stay is often used as a reasonably driven metric, but noted that typically the length of stay for the geriatric population is longer. Robinson stated at first blush it looks like to hit the projections Garone mentioned, the number of admissions would have to double what is currently in the community now between Bellin and the County's Community Treatment Center. He continued that at this time the County is at about 6.5 admissions per 1000 people which is just under the state average so if that was doubled, admissions would be significantly over the statewide average and he asked Garone if that matches the data he has in terms of capacity in the community. Garone responded that SBH approaches this on a little different analysis. He explained that many of the markets they are in are certificate of needs states where there is a state health plan that creates a bed need methodology that in some states is 30, some states it is 40 and some states is 50 beds per 100,000. Garone continued that they adopt the 30 bed per 100,000 bed need formula and when they take into consideration the Brown County and contiguous counties, they weight the population to be just above 900,000 in their service area. When the calculations are done, the bed needs for SBH's proposed service area would be 272 beds and with the existing beds in the facilities in Brown and surrounding counties, there are 146 beds which leaves a deficiency of 126 beds. Garone stated that SBH looks at it not so much as the average number of people accessing care currently, but rather based off of national bed need formulas because they are of the belief that current admissions might be as a result of a lack of existing beds and he felt there would be more admissions based on healthcare laws and more people accessing behavioral health care through their insurance and this is why they adopted the 30 beds per 100,000.

Robinson noted that the questions he is asking are questions that have been brought to him by local providers. He stated that Bellin currently has about a 40% occupancy rate which seems to indicate that there is a sufficient capacity of beds. Robinson stated he is not necessarily disagreeing with SBH's data, but he felt it was more of a sense of trying to put together perspectives in that SBH feels there is a bed need, but yet the beds currently available are not filled. Garone used their facilities in Colorado Springs and College Station as examples. SBH built a 92 bed facility in Colorado Springs which is a community of just over a half million people. There was an existing 80 or 90 bed hospital there that was running close to capacity and today SBH's hospital is running at 85-90% capacity. This shows that there were patients who were not previously receiving care and this would be patients that would have been trying to manage their mental illness on an outpatient basis or leaving the community to receive care elsewhere. Garone ventured to say that increasing access in order to get their occupancy to where they hope and expect it to be, does not necessarily mean they would be taking admissions away from Bellin or the CTC, but they believe there are additional patients that would access care that are either not currently receiving care or are leaving the community to receive care. Garone continued that in their experience, patients will access care and they have the same admitting criteria that Brown County uses in that they do not admit patients without medical necessity and admitting criteria being met. It has been SBH's experience that there are patients out there who are not receiving care.

Evans asked why people in Brown County would not seek care now since there are facilities and space available at the CTC and Bellin. Evans felt that there is ample space and further that Brown County has even decreased space as they have not seen great usage. Evans would like to hear Garone's perspective as to why the people in this region would not seek out the opportunity to utilize the facilities that we currently have. Garone referenced comments made by Bellin at the City Council meeting and noted that the President of Bellin indicated that it was a staffing issue and they only have enough psychiatrists to staff the number of current beds. Further, when Bellin was asked specifically if there was a need for them to operate additional beds, Bellin's response was that they felt there was, but they do not have the staff and manpower to do it. Garone felt that comments made by Bellin indicate that there is need for additional access but they are not able to accommodate that based on a deficiency in psychiatric coverage. Evans indicated that Brown County is not turning people away for services and Interim Human Services Director Nancy Fennema confirmed this. President and CEO of Bellin, George Kerwin, was in attendance at the meeting and indicated that in terms of bed capacity, Bellin has capacity. He noted that Bellin's psychiatrists are predominantly managing people on an outpatient basis and their practice patterns are based on the community and what payers

request of them. Bellin's emphasis in terms of psychiatrists and where they work is on the outpatient side. He noted that if they had more psychiatrists, they most likely would have a higher inpatient census.

Robinson was glad that Garone brought up examples from other communities as he is interested in the track record of SBH in other communities. Robinson noted that the situations Garone spoke of in Colorado are a little different than what is in Brown County because the County does have an existing facility but it is not near capacity and the question is is there more capacity to be had when the existing facility is not at capacity. It seemed to Robinson from what he has heard that the limiting factor is not the number or beds, but it is more the availability of psychiatrists. Robinson understood that there is a nationwide shortage of psychiatrists and he asked Garone what they have done in other facilities to create and maintain a staff of psychiatrists, and particularly what percentage of psychiatrists have been hired that were in the community already and what percentage was brought newly to the community. Garone responded that he used the examples he did to show that SBH coming into a market does not equate to the existing facilities' census going down. He does not want anyone to have the assumption that by SBH coming in, that it will have a detrimental impact on census for existing providers. Robinson also wished to make it clear that he is not here to stick up for Bellin, but his main concern is the effect on the County's provision of services.

Garone continued that he was not able to give percentages as requested by Robinson at this time, but he can attempt to get the information and provide it. He did say that one of the things that SBH does as a company that is attractive to psychiatrists and pretty neat is that they have an open medical model which means that their physicians are able to carry cases within the SBH hospitals and also practice at additional facilities and most of the time they do. The SBH doctors are also encouraged to create outpatient med management practices and some of the opportunities in Green Bay would be the ability to be a professor at UWGB which Garone felt was a lucrative recruitment tool. SBH also offers medical director stipends, practice guarantees and they also work with a company out of Florida that does national recruiting to supplement SBH's efforts and this company also provides contingency coverage so in the event a doctor at an SBH facility goes on leave or is suspended and there are patients that need care, they send a doctor to provide coverage. Garone noted that staffing is not an issue in any of SBH's facilities and all facilities are open and operating with enough psychiatric coverage.

Hoyer asked if SBH uses a specific physician-to-bed ratio in terms of determining how many new providers they need. Garone responded that that is left up to the psychiatrists and their personal comfort levels and it typically depends on what else they have going on. For example, if there is a doctor that comes in and does not have other commitments, it would be easy for them to carry a caseload of 20-25 patients. If there is a provider who comes to town and wants to carry some cases at SBH and some at Bellin as well as doing other work, they would carry fewer cases. SBH does not really get involved with telling physicians how to practice, as long as the performance measures are met appropriately such as making sure that charting is done. Robinson would like to see data for communities where SBH has come into a community that already had an existing facility for raw numbers and percentages for how many psychiatrists were already in and practicing in the community as opposed to those that move into the community.

Robinson continued that he sees two crucial issues. One is if the limiting factor is the availability of psychiatrists and SBH is not able to bring in a high percentage of people new to the community, he does not feel that the community has gained anything, but would rather just shift where clients are being served. Robinson's other concern is what percentage of SBH's current hospital clients are covered by Medicare, Medicaid or a sliding fee. Garone responded that this would be dependent on the patient population and how the beds are distributed. He continued that, for example, they have a facility in Las Vegas that only does geriatrics so obviously their Medicare payer mix would be much higher. On average Garone stated they use a 30-30-30 formula; 30% Medicare, 30% Medicaid, 30% commercial and the balance being uncompensated care. Robinson noted that he recently had a tour of Bellin and was provided documentation with regard to the percentage of their payer mix and asked Garone if he could provide this information as well. Garone responded that he can try to get the information for acute services and a general payer mix, but noted that this is specific to the market so one market may have a higher population of commercial insurance than others, but he would say that with some margin of error for this area, the State of Wisconsin is pretty well covered by insurance compared to the national averages according to 2014 data. Garone looked at a study that was done in 2014 that lists the percentage of uninsured pre-Obamacare and post-Obamacare and Wisconsin is 13th on the list with a rate of uninsured pre-Obamacare of 11.64%. The impact of Obamacare brought it down to 9.75%. Garone felt it was safe to say that the rate of uninsured in Wisconsin is about 10%. Garone stated he would love to

see the payer mix information that was shared by Bellin if it is public information. Robinson responded that he would leave that up to Bellin.

Robinson stated that he assumed when SBH looked at coming into the community, that they anticipated a certain percentage of patients on Medicare, Medicaid and private insurance and he asked Garone what that breakdown was. Garone indicated that they use the 30-30-30 formula above and he indicated that that formula is based on information available to them at the time and the reality is that SBH will not know a definitive payer mix until they are operating but noted that they put the performance together the same way anyone would forecast for the market.

Robinson stated that there are a number of different collaborations that go on in this community between the non-profits and the County in terms of provision of mental health services and he asked what type of things SBH has done in other communities in terms of collaborating with other entities. Garone responded that SBH's first position is that it is critical to collaborate for quality treatment outcomes and with the understanding that many of the population that suffers from mental illness are often treated by a variety of different providers and therefore in terms of communication and collaboration of care, SBH knows they will need good open lines of communication and transfer of information between Bellin, the CTC, themselves and the outpatient provider network. SBH is more than happy to providing training for whoever wants it and they typically do monthly education services called Lunch and Learn which allows community providers to come and learn about a variety of topics. They also go into school districts and provide training for school counselors and they also work with police departments and task forces.

Robinson stated that what Brown County has been grappling with is the provision of alcohol detox services, particularly for the population that is not able to afford those services and he asked about the chemical detox services provided by SBH and if that was the same 30-30-30 payer mix. Garone responded that detox is not typically the 30-30-30 mix, but is typically a higher percent of commercial than Medicare or Medicaid; partially in part because depending on the plan there may not be detox coverage as a medical necessity in some of the government based insurance plans. Garone stated that he would be happy to entertain conversations with the County and City to try to find a way to contract for those services, much in the same way that Bellin contracts with the County for child and adolescent services.

Robinson stated that the struggle in Brown County is not so much that there are not people willing to contract, but more that there is not money to pay those contracts. He asked Garone to provide information on the typical payer mix for chemical detox services, particularly alcohol detox, in SBH's facilities. Garone indicated he could provide information for detox services in general, but probably not specifically for alcohol detox.

Evans asked if SBH would have an outpatient facility. Garone responded that with the continuum of care that he described earlier with acute inpatient services being on the highest side of the scale and psychiatric residential treatment which is also an inpatient level of care, they would not be offering that in Green Bay, but they would be offering partial hospitalization which is technically an outpatient service. The patients would come Monday through Friday and stay all day which would be one step down in the continuum of care and that would be for mental health and chemical dependency and they would also offer intensive outpatient therapy which is also a step down on the continuum of care that would be three nights a week for three or four hours. This will allow SBH to admit directly to those outpatient programs for an individual who is not yet at the point of needing inpatient care and it also allows SBH to provide a strong transition for those individuals who are discharged from inpatient care so they can get back in their home and use the tools learned during treatment. This provides gradual steps down before they get into traditional outpatient therapy on an ongoing basis. SBH would rely on community providers for psychotherapy, med management and individual counseling. Garone noted however that often when SBH comes into a community, the psychiatrist that works on the inpatient unit also opens an outpatient practice to do med management.

Evans noted that there is currently a three to six month waiting list of 240 patients for outpatient psychiatric care at Brown County and asked Garone for his response to that and if SBH would be able to help reduce the wait list. Garone asked if this waiting list is for intensive outpatient or partial hospitalization or if it was more one hour therapy- type appointments. Behavioral Health Manager lan Agar indicated that it refers to basic psychiatric assessment and then med management. Garone responded that if the individuals on the waiting list would meet criteria for intensive outpatient or partial hospitalization, SBH would be happy to provide the care; however, if it is

more med management and individual outpatient therapy like you would get from a psychologist in the community once a week or once a month, SBH would not be able to help with that, outside of trying to connect those individuals if they are bringing more doctors into the community. Evans said it was unfortunate to hear that SBH could provide little help with regard to the wait list and this is his biggest issue. Evans stated he is not here to tell any private company not to spend their resources the way the company feels they should be spent, but on the County side, he appreciates any type of economic development, but does worry about "if it's not broke, don't fix it". Evans continued that Brown County has been able to establish a quality system of care between the County, Bellin and all of the providers and he felt that this was part of the reason SBH is getting pushback from the providers. Evans continued that Brown County currently has a model that works very, very well in the area. We also looks at open beds and certainly outpatient is the area that the County has the greatest concern about and he is disappointed to hear that SBH doesn't seem to be able to help the County with the people that he feels really need the help and that is the outpatient group. Evans is just looking for the ability to send outpatient people for help to get off the waiting list and he understands that the payer mix is probably not something that Garone would get excited about.

Garone responded that he does not know what the payer mix is and therefore he cannot comment on that. He stated that the comments he made with regard to outpatient services are made based on experiences SBH has had in other markets. He does not want to impress that SBH would not consider it, but in other markets SBH has been apprehensive to bite the hands that feeds them. He explained that a lot of referrals come from outpatient providers and SBH feels that if there is a sufficient amount of outpatient providers in a community, they do not want to get into that line of business and compete with their biggest referral sources. SBH would be willing to talk about this issue and if there are long wait lists, they would like to identify the needs and the service caps and if there is an opportunity for SBH to provide a service that is not currently being provided in the community, they would be happy to explore it.

Evans appreciated the information Garone provided and reiterated what Robinson said earlier in that this Committee and the County Board have no say if SBH comes to the Brown County arear or not, but as the Human Services Committee, and as a County Board watching what has transpired within the City, there are questions and apprehension as the Board is quite protective of the constituents of Brown County. Evans continued that the Board has worked on mental health issues over the years and provided a background of that and reiterated what he said earlier in that if it's not broke, don't fix it. Evans stated that as the Chair of the Human Services Committee, he does not feel there is a great need for SBH to come to the area, but noted it is SBH's prerogative to think otherwise. He bases this on the number of beds that are currently available as well as the number of psychiatrists in the area. Evans stated that on one hand there is the economic development aspect of SBH coming to the community which is always supported, but, on the other hand, is the care system currently in place in Brown County. Evans noted that SBH has their numbers, but from what he has seen over the last 12–13 years on the Human Services Committee, he disagrees with what SBH is anticipating will happen for their organization. Evans stated that he appreciated Garone's time and noted that there were several others in attendance in the meeting who may wish to speak.

Supervisor Campbell asked what population figure the number of beds that SBH is proposing is based on. Garone responded that the population figure is based on 906,067 and he explained that that is a weighted population. He explained that if they took a pin and dropped it on the center of Green Bay on a map and drew a radius of 25 miles out and then drew a radius of 50 miles, they would take all of the counties that are in that radius as well as the counties that have a portion of their county in that radius. Garone continued that for all of the counties they use, the actual population was 1,165,000 but when it is weighted, it was brought down to 906.067.

Alderman Mark Steuer of the Green Bay City Council was also in attendance at the meeting. He noted that from the City's perspective, a lot of the Council was concerned because they heard about the SBH projects only five or six days prior to the presentation. He felt that whenever there is an economic development initiative where a business is coming into play, there is an amount of confidentiality that comes forward but the City Council was surprised at the 11th hour approach. Steuer indicated he felt Garone was surprised of the pushback as well. Steuer continued that the City of Green Bay is looking at this very closely. Some of the questions that Steuer had were brought up by Robinson, but one of his concerns is that when SBH came into Colorado Springs and College Station, they were one of the only employers working on this. Steuer's concern is the fact that Brown County already has a number of providers and he is trying to understand the dynamic that SBH has had in these other communities. What everyone wants to know is the level of compensation in the eight communities that SBH has facilities in. Steuer asked Garone to mention the

areas that SBH currently has hospitals in. Garone responded that he felt it was important to first express the same thing that was expressed in the City Council meeting that at this stage they are 100% responsible for the oversight of not communicating with the Council and noted that they had been talking with the City for 12–14 months and SBH had assumed that that information is pushed out which was a bad assumption for which he apologizes. Garone stated that SBH currently has their home office in Memphis, Tennessee and they have facilities in Wilmington, North Carolina, Garner, North Carolina, Charlotte, North Carolina, Colorado Springs, Colorado, two facilities in Las Vegas, Nevada, one which does adult chemical dependency and children and adolescents and the other does strictly geriatrics. They also have a facility in College Station, Texas and one in Santa Theresa, New Mexico. Garone continued that SBH also has three facilities under development, all in different stages including one north of Denver, Colorado which is scheduled to open in November; a facility in Arlington, Texas scheduled to open in March, 2016 and the facility in Green Bay that they hope to have open by the summer of 2016. Garone indicated he can do his best to try to describe the competitive environment in these locations, but the only location he has worked in and lived in is Las Vegas so it may be better to have someone else in the company describe the competitive landscape in the other markets. Steuer noted if Garone did not have that information readily available, that was fine but he would like him to provide any information he can prior to the next City Council meeting. Steuer noted that there were several City Council members who would like this information and Garone responded that he would provide it.

Steuer also mentioned SBH's level of involvement in a community as far as being involved in such things as United Way or serving on non-profit boards and being leaders in other community initiatives and he would like to know the amount of SBH's community involvement. Garone indicated that that would be something that can be described in greater detail when they reach out to the on-the-ground people. He can ask each of the local CEOs to provide information for the competitor profile, provide a list of community involvement and activities they are engaged in. He felt that local representatives could provide the best information. Steuer reiterated that he would appreciate any information that could be provided on this.

Robinson thanked Garone for talking the time to talk to the Committee and indicated that he appreciated it. He also wished to make it clear that the information that Robinson would like to receive is the payer mix for the detox facilities as well as the percentage and raw numbers for the psychiatrists SBH brings into a community where there is already a competing facility. Garone indicated that he understood the request.

Evans indicated that the Committee will take one more small agenda item and then allow comments from the public and noted that there may be public in attendance who wished to speak on this topic. Evans afforded Garone the opportunity to listen and Garone said he would stay in the conference.

Motion made by Supervisor Robinson, seconded by Supervisor Hoyer to receive and place on file and to have a draft of the minutes from this portion of the meeting sent to Green Bay Alderpersons looking at this issue. Vote taken. <u>MOTION CARRIED UNANIMOUSLY</u>

At this time, Item III was taken, followed by Comments from the Public.

4. Communication from Supervisor Robinson re: Because of the potential negative impact on our County's Aging and Disability Resource Center from provisions within the proposed State budget, request the County Board pass a resolution in support of the ADRC, modeled upon a resolution passed by Ozaukee County.

Robinson submitted a proposed resolution which was included in the agenda packet. He commented that at two different local listening sessions, one with local republican elected officials and one with local democratic elected officials, there was a definite theme and that was the number of the people who were concerned about the changes being proposed in the State budget with regard to the ADRC, IRIS and Family Care Systems. Robinson found the changes disappointing and stated that these are very good programs and that the ADRC serves the community very well and further, that the County has been waiting for Family Care and IRIS. He felt that what is being proposed is a travesty and invited ADRC Director Devon Christianson and Supervisor Campbell to address the Committee if they desired.

Christianson thanked the Committee for considering the proposed resolution and noted that it is something that other ADRCs around the State have also been asking their County representatives to support. Christianson stated there are three major concerns around the budget proposals, the first of which is the elimination of ADRC governing boards. She explained that ADRC governing boards are different than boards comprised of elected officials in that the ADRC is required by statute to have representation from the populations that they serve and the ADRC Board acts as the voice for people with disabilities and their caregiver. Christianson also noted that 51% of the ADRC Board must be older adults. By design, the ADRC Board is meant to be a location where older people can provide input. The elimination of these Boards would open the door for the second infrastructure change which is to privatize services and fracture the services that they currently provide. Christianson noted that the system was terribly fractured 15 years ago and they have spent 15 years trying to unfracture it. To dismantle the system and have people have to spread throughout the community to find the services they need is a huge step backwards. Privatizing would also mean that people would have to pay for information and support or allow a company to make a profit over people in need and this is of tremendous concern. Christianson said she has seen this happen in other communities and it has not gone well. She continued that the other component of this is the concern about County government and she noted that the ADRC has acted quite readily as a buffer to the County system. They have become a strong ADRC and since 2005 Brown County Human Services has not had to have an access department and they have been able to prevent and delay people's entrance into all of the County services. Christianson stated that Adult Protective Services would certainly say how much the ADRC works with people who are victims of abuse prior to needing to enter the system. Christianson also noted that all of the ADRC volunteers would be lost under the governor's proposal.

Christianson continued that the regionalization or the statewide provision of ADRC services would not allow people to have a local place to go and connect. She noted that this is a budget neutral proposal and is simply a dismantling of the infrastructure.

Supervisor Hoyer thanked Christianson for the information provided and stated that he has been moved by his visits to the ADRC and he feels that it is a good part of the community and would hate to see it go away as it is a community in caring for the older and more vulnerable of the citizenry. Hoyer stated that he is absolutely in support of this resolution and he hopes it sends a message. He noted that he had attended one of the listening sessions and heard some of the stories, and no one spoke in favor of the governor's proposal. He continued that he would like to see this resolution forwarded through the County to send a message for this level of local control. He thinks what happens in the ADRC and throughout the community because of the ADRC reflects the best in who we are.

Supervisor Campbell noted that the Board is not party-related, but she is hopeful that this can be made a human issue. She was alarmed earlier in the meeting when she heard the term "markets" come up, because we are in the human services area, not a market and the Board is elected to protect. She commented that if this is privatized, we would be reducing humans to markets. Campbell felt that dismantling the ADRC would be one of the worst things that can happen to this community.

Robinson asked Christianson to clarify if either IRIS or Family Care is moving out of the Human Services area to the Commissioner of Insurance. Christianson responded that the proposal around Family Care and IRIS current contracts with the Department is to dismantle all of the MCOs and combine acute care with long-term care and move them out of the department of Health Services in terms of oversight and under the Office of the Commissioner of Insurance. This would also eliminate the public bidding process and remove profit caps so it would allow for one or two large insurance companies to take over all of the long-term care services. Robinson felt that his would seem to be putting profits for a very small group of people over the welfare of the majority of the people.

Evans stated he is disappointed with what could potentially happen. He does not necessarily think that there will be any difference in the dollars being spent and even thought it may be more costly if the ADRCs are eliminated. He continued that at the Legislative Breakfast at ASPIRO it did not seem that a lot of the legislators had a real understanding of what is going on with Family Care and the ADRCs. Evans continued that the vast majority of people do not have an understanding of the massive impact these changes to Family Care and ADRCs would have. He felt this was a step back in what has been decided to do as a government and further, it was similar to the programs that the County levy is used for in that there have been studies done that show that the programs work and the County has been able to provide the programs.

Motion made by Supervisor Robinson, seconded by Supervisor Hoyer to approve. Roll call vote taken. Evans – Aye; Robinson – Aye, Hoyer – Aye. MOTION CARRIED UNANIMOUSLY

5. Communication from Supervisor Moynihan re: Letter from Executive Director of Family & Childcare Resources of N.E.W. to proclaim 5/8/2015 as Child Care Provider Appreciation Day.

Motion made by Supervisor Robinson, seconded by Supervisor Hoyer to approve. Vote taken. <u>MOTION</u> CARRIED UNANIMOUSLY

6. Communication from Supervisor Hoyer re: Assessment of outdoor coal piles on the western shore of the Fox River as a health risk and a source of airborne pollutants, as well as proposals for remediation and elimination of the health consequences on our citizenry.

It was noted that Jeff Schoepke, Regional Manager of C. Reiss Coal Company was in attendance at the meeting.

Evans stated that under the Kelso administration, the County had looked at moving the coal piles out to a location near the WPS Pulliam Plant. Schoepke is aware of that and noted that there have been a lot of discussions over a long period of time with regard to the coal piles. Evans stated that all of the players came in and Kelso then found out that it would cost the County money to move the coal piles and nothing further happened.

Hoyer stated that the reason he brought this communication was because some of the coal piles along the river are across from his district and on occasion he has heard from citizens who are concerned about it and this has come up as a topic of conversation at various times. The other aspect is that since being on the Human Services Committee, things like sounds you can't hear and smells you can't see have been discussed and Hoyer thought that a communication was in order to see happens out of a health concern from the human health perspective.

Hoyer continued that the conventional wisdom is that Brown County has terrible air pollution. He stated that in talking with different people, the County does meet the EPA requirements for breathing, but what he sees is the impact of these particulates on the homes in his district. It is also concerning to Hoyer that if we look at shifts and how air pollution is monitored, in many ways the shift from the P10 to P2.5, the size of particulate matter that goes into the analysis, the particulate matter at 2.5 micrometers tends to be more reflective of burning and those types of things, whereas the material or the coal and the occasional airborne particulate matter is larger and therefore is not continued to be monitored. Hoyer continued that when it comes to coal, where it comes from determines the content. He noted that in general he was interested in what sort of monitoring is done at the County level. Hoyer noted that the County Board has the capacity to create legislation or policy that is more restrictive than the State's restrictions. He continued that there are consequences for a) who enforces it and, b) what the impact is on the businesses or those that may be impacted by the choices. Hoyer wanted to get from the County perspective what types of things have been determined; what types of things are monitored, whether we have sanitarians out there taking measurements on occasion and those sorts of things to supplement the DNR site which is at East High School.

Health Department Director, Chua Xiong and Environmental Specialist Rob Gollman addressed the Committee. Gollman indicated that he has done some research and found that Wisconsin Administrative Code, Chapter NR445 is specific to control and compliance requirements for storage and handling of coal. The Health Department does not have air monitoring equipment, but Gollman said he could contact the DNR Air Quality Monitoring section chief to see if they could provide equipment. He indicated that the monitoring would have to be done over a length of time due to the variables such as wind, atmospheric conditions, etc. He continued that the DNR enforces the Administrative Law on this and Hoyer noted that this is quite vague. Gollman also indicated that the DNR is involved in a permitting process for the facility and Xiong has had communication with one of the individuals in the air quality unit, but Gollman would be able to follow up in that regard. As far as suppression of the issues with the dust, Gollman found that a conveyor system permit had been applied for some time ago and as part of that, there was an investment in a watering system as well.

Hoyer said it would be most interesting to review any data that was gathered in the past to see how it compares to current data. Gollman indicated he did try to find information from the past but was not able to find anything. Hoyer felt that doing some sort of monitoring would give the County an idea of where we are currently at.

Xiong noted that based upon the research that is out there, it would be a long term research project of at least 6–12 months. She offered to provide Hoyer with research she had found from other locations where this is a fugitive source and cannot be contained and it depends where the wind direction goes. The research would need to be long term to ensure accuracy. She wanted Hoyer to know this so that he could advise his constituents appropriately. Hoyer understood and appreciated Xiong's willingness to monitor this matter and he noted that he would appreciate the Health Department doing something to find out the impact on the citizens, even if it was a long term project.

Gollman also offered to contact the Bureau of Environmental and Occupational Health to see if they could provide some expertise in this area or assistance in monitoring.

Mark Steuer asked if there are other communities that have coal piles that have done studies. Hoyer responded that Chicago has moved some of their coal piles to the south side of the city. Xiong stated that there is documentation by the Chicago Department of Public Health. She indicated that Chicago contracted out to a special firm to do the long-term research study. Xiong's understanding is that some of the coal piles in Chicago were covered as well. Hoyer indicated he would like to see Chicago's documentation and Xiong indicated that she will provide the same to him. He noted that PD&T approached this matter from more of a monetary standpoint, but his angle is more health-related.

Hoyer felt it would be appropriate to hold this for two months to allow him time to review research. Evans asked if there have been any complaints from businesses or the public concerning the coal. Gollman responded that he recalled a complaint at the Green Bay Yacht Club about coal dust being deposited on some of the boats which would have presumably been from the Pulliam Plant. He continued that at one time there was a city inspector who dealt with these types of complaints and it may be worth a shot to try to contact the City to see what information they may have.

Evans asked Schoepke if his organization has received complaints about the coal piles. Schoepke stated that it has been a fair number of years since they have received a complaint, but noted that they are obviously concerned if citizens are concerned. He also noted with regard to the complaint at the Green Bay Yacht Club, that that was about six or seven years ago and occurred before water suppression equipment was put into place.

Motion made by Supervisor Hoyer, seconded by Supervisor Robinson to hold until the May, 2015 meeting to allow the Health Department to provide further information. Vote taken. <u>MOTION CARRIED UNANIMOUSLY</u>

Veterans Services

7. Budget Status Financial Report, December, 2014 (unaudited).

Motion made by Supervisor Robinson, seconded by Supervisor Evans to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

Health Department

Budget Adjustment Request (15-19): Any increase in expenses with an offsetting increase in revenue.

Motion made by Supervisor Robinson, seconded by Supervisor Evans to approve. Vote taken. <u>MOTION</u> <u>CARRIED UNANIMOUSLY</u>

Human Services Department

9. Resolution re: Helping families move from homelessness to self-sufficiency. Standing Item until such time that there is action to be taken.

Motion made by Supervisor Robinson, seconded by Supervisor Hoyer to hold for one month. Vote taken. <u>MOTION CARRIED UNANIMOUSLY</u>

10. Budget Adjustment Request (14-116): Any increase in expenses with an offsetting increase in revenue.

Motion made by Supervisor Hoyer, seconded by Supervisor Robinson to approve. Vote taken. <u>MOTION</u> CARRIED UNANIMOUSLY

11. Executive Director's Report.

Motion made by Supervisor Robinson, seconded by Supervisor Hoyer to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

12. Resolution re: Change in Table of Organization for the Human Services Department – Social Services Aide I.

Motion made by Supervisor Hoyer, seconded by Supervisor Robinson to approve. Vote taken. <u>MOTION</u> CARRIED UNANIMOUSLY

13. Financial Report for Community Treatment Center and Community Programs.

Finance Manager Tim Schmitt provided a financial report which was included in the agenda packet. He indicated that he will be reporting unaudited financial results for 2014 at next month's meeting. He continued that January, 2015 results show that Community Programs is near budget and CTC has lagging revenues in part due to the census being low at Bay Haven. He noted it is early in the year and these numbers can changes throughout the year.

Robinson understood that we are only two months into the year and numbers can change, but noted that the Bay Haven population numbers seem to be going lower and lower. He noted there were eight budgeted last year and it was six this year and now it is at one. He is hoping that someone at next month's meeting can address what is going on with the CBRF and how it can be addressed. Agar shared that he felt it was a problem with determining who is going to be served at the CBRF.

Motion made by Supervisor Robinson, seconded by Supervisor Hoyer to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

- 14. Statistical Reports.
 - a. Monthly CTC Data Bay Haven Crisis Diversion/Nicolet Psychiatric Hospital.
 - b. Monthly Inpatient Data Bellin Psychiatric Center.
 - c. Child Protection Child Abuse/Neglect Report.
 - d. Monthly Contract Update.

Motion made by Supervisor Hoyer, seconded by Supervisor Robinson to suspend the rules and take Items 14 a-d together. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor Hoyer, seconded by Supervisor Robinson to approve Items 14 a-d. Vote taken. MOTION CARRIED UNANIMOUSLY

15. Request for New Non-Continuous Vendor.

Motion made by Supervisor Robinson, seconded by Supervisor Hoyer to approve. Vote taken. <u>MOTION</u> CARRIED UNANIMOUSLY

16. Request for New Vendor Contract.

Motion made by Supervisor Robinson, seconded by Supervisor Hoyer to approve. Vote taken. <u>MOTION</u> <u>CARRIED UNANIMOUSLY</u>

Aging & Disability Resource Center

16a. Update re: Enrollment Counseling for Family Care.

ADRC Administrator Devon Christianson stated that she would provide an update at this meeting as to the enrollment into Family Care. She stated that the State has put this value on the ADRC doing the transition of Human Services current waiver participants and then not having the resources to do it. She noted that the staff that was to be provided by the State was pulled away and the ADRC has recalculated how to do everything. She continued that they had a group enrollment at ASPIRO and she spoke to 124 people and there are also group enrollments and one-on-ones. They are trying to do things strategically and creatively to accomplish their goals. The goal for the end of March was to enroll 218 people and they are currently at 187. She noted that they have 100 one-on-one appointments scheduled and they have found some efficiencies in how they are doing things to accomplish this. She also noted that if they were to hire temp workers right now, she did not feel they would be able to be trained in enough time to get through this due to the complexity. She noted that they do currently have a senior social work student and she felt that they would like to bring him on temporarily as he already knows the agency instead of coming to the County to ask for support.

The Committee thanked Christianson for her work on this project.

Motion made by Supervisor Hoyer, seconded by Supervisor Robinson to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

Syble Hopp – No agenda items.

- 17. Such other Matters as Authorized by Law. None.
- 18. Adjourn.

Motion made by Supervisor Hoyer, seconded by Supervisor Robinson to adjourn at 7:48 pm. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Therese Giannunzio Recording Secretary

BROWN COUNTY HUMAN SERVICES

Brown County Community Treatment Center Outpatient Clinical Services Division 3150 Gershwin Drive Green Bay, WI 54311



Phone (920) 391-6940

BROWN COUNTY HUMAN SERVICES COMMUNITY TREATMENT PROGRAM OUTPATIENT ADULT SERVICES

The Brown County Human Services Department provides comprehensive programming for adults with mental health and substance use issues who lack the resources to obtain services elsewhere in the community. Consumers work with a multi-disciplinary team to identify their needs and develop treatment plans that reduce the need for inpatient hospitalization and maintain the least restrictive living environment.

Individuals seeking services must:

- Be residents of Brown County
- > Have a mental health or mental health and substance use issue that requires treatment or intervention
- Have difficulty in obtaining services elsewhere

Services include:*

- Outpatient Psychiatric Clinic
- Substance Use Disorder Services
- Targeted Case Management Services
- Comprehensive Community Services Program
- Community Support Program
- *Mental Health and Substance Use services are funded in part, through Medicare, Medicaid-Title 19 and private insurance.
- *Fees may be charged for some services.
- *Certain programs may require Medicaid enrollment.

1. OUTPATIENT PSYCHIATRIC SERVICES:

The Brown County Human Services Outpatient Psychiatric Clinic is committed to providing quality medication management services to the residents of Brown County. We have a variety of providers including Psychiatrists, Advance Practice Nurse Prescribers, and nursing staff.

General Eligibility:

Adult Brown County residents who are generally unable to be served elsewhere.

This would include those without insurance and/or ability to pay other than a sliding scale fee, and those enrolled under some Medicaid HMO plans.





Services Offered:

- Initial assessment and diagnostic sessions (approximately 50-60 minutes)
- Follow-up medication management sessions (approximately 15-20 minutes)
- Nursing staff that coordinate injection clinic services for those requiring injectable psychiatric medications.

2. OUTPATIENT SUBSTANCE USE DISORDER TREATMENT SERVICES

The Brown County Human Services Outpatient provides quality treatment services to the residents of Brown County in need of programming for substance abuse services. Services are provided by Certified Substance Abuse counselors under the supervision of a Clinical Supervisor and psychiatrist.

General Eligibility:

> Adult Brown County residents who are generally unable to be served elsewhere.

This would include those without insurance and/or ability to pay other than a sliding scale fee, and those enrolled under some Medicaid HMO plans.

Services Offered:

- Initial assessment session (approximately 90 minutes)
- Individual and family/couples sessions (approximately 45-50 minutes)
- Primary Care Group treatment (meets three times/week for 90 minutes)
- Continuing Care Group treatment (meets once/week for 90 minutes)

3. TARGETED CASE MANAGEMENT

The Brown County Human Services Community Treatment Program exists to provide comprehensive programming to adults who are Brown County residents and in need of mental health and/or AODA services.

Case managers and adult consumers with chronic mental illness and/or substance use disorders work together to develop a treatment plan that best meets their needs. Case managers provide support and assistance in accessing community services. They generally do not provide therapy, but will assist consumers with referrals as needed. Services are provided to consumers on both a voluntary and court-mandated basis.

An assessment is completed in order to determine eligibility for targeted case management. Criteria assessed for include psychiatric and AODA inpatient stays, need for crisis services, diagnosis, level of functioning in all areas, and ability to access services.

Services Provided by Case Managers Include:

- Working with consumers to develop a treatment plan
- Coordinating appointments and psychiatric/AODA treatment
- Assisting in accessing psychiatric medications
- Developing plans and support to address crisis situations
- Monitoring cooperation with court-ordered treatment (as needed)

4. COMPREHENSIVE COMMUNITY SERVICES

Comprehensive Community Services (CCS) is a community based rehabilitation program that provides consumer centered and directed psychosocial services that promote recovery.

CCS is designed to empower consumers to take an *active* role in treatment and recovery and engage in positive relationships with staff and peers. As part of the program, CCS consumers will have a Recovery Team. The Recovery Team, identified by the consumer, participates in needs assessment, service planning and delivery, supportive activities, and the evaluation of desired outcomes.

Individuals seeking services must:

- Be residents of Brown County
- > Have a mental health and/or substance use issue that requires treatment or intervention
- Be enrolled in Medicaid
- > Be deemed eligible via the state-approved functional screen
- > Be willing to participate (voluntary enrollment)

Services offered (but not limited to):

- Needs assessment
- > Medication monitoring and management
- Daily living skills supports
- > Mental Health Education

5. COMMUNITY SUPPORT PROGRAM

A Community Support Program (CSP) is a coordinated care and treatment program which provides a range of treatment, rehabilitation, and support services through an identified treatment plan and qualified staff to ensure ongoing therapeutic involvement, individualized treatment, rehabilitation, and support services. These programs are for people needing intensive monitoring in the community.

CSP has a multidisciplinary team consisting of case managers, mental health technicians, RNs and psychiatry dedicated to individuals enrolled in services. In addition, direct services are provided by CSP staff or in conjunction with staff from other funding sources.

Brown County has an internal CSP and also contracts with Villa Hope CSP in Green Bay.

Individuals seeking services must:

- Be residents of Brown County
- Have a chronic mental health that requires repeated acute treatment or prolonged periods of institutional care
- Exhibits persistent disability or impairment in major areas of community living
- Be enrolled in Medicaid
- > Be deemed eligible via the state-approved functional screen

Services offered (but not limited to):

- Needs assessment
- Medication monitoring and management
- Daily living skills supports
- Assistance obtaining:

- Services to meet physical and dental health needs
- Needed legal services
- Needed transportation services
- Financial support and money management services
- Living accommodations

To Inquire Further or Make a Referral:

Contact the Brown County Outpatient Psychiatric Clinic at (920) 391-6940.



Testimony: Joint finance Regional Public hearings

March 18th Brillion

Thank you to all the members of the Joint Finance Committee for all of your time and attention today. My name is Devon Christianson and I am the Director of the ADRC in Brown County. *I am here to speak about the proposed changes to Wisconsin's proven and tested Long-Term Care System.* This is a very difficult budget proposal with many challenging issues to consider. Just a bit about my Wisconsin community:

Brown County Population

The 2010 census reports Brown County has 41,160 persons 60+ and 13,708 adults under age 60 with a disability. The first baby boomers turned 65 in 2011 and the older adult population in Brown County will grow from 12% to 24% by the time the last of the baby boomers turns 65. Projected increases for the next 15 years include: 12-15% in year 2015; 15-18% in year 2025 and close to 24% in year 2030. Brown counties total population is expected to increase by 29%, however, the population of persons 60 and older will increase by 117%.

Total Contacts for I&A and Ben Spec

2013: 24,425 2014: 31,066

Total **Consumers** for I&A and Ben Spec

2013: 7,647 2014: 8,684

Volunteers 28,052 hours=\$286,445

Prevention Classes and people served: 859 class participants attended

an evidenced based class in 2014-the growth has been phenomenal since 2007

I must say that today, I feel a connection between so many of the programs and statewide systems raising their voice as we share common concerns with this budget proposal:

- Absence of the Democratic Voice and Input: There was little to no input gathered from the people doing this work, persons who would be impacted, or our elected officials as these major policy changes that were incorporated into the proposal -that is not how Wisconsin does business. I currently sit on the Long Term Care Advisory Council for the State of Wisconsin. Not only were we Not consulted or allowed to participate in discussions about the changes, we have since had all of the meetings cancelled until after July, the charge of the Council changes without input, and a notice that our appointment to the committee may not be continued.
- Elimination of the Voice the People We Serve: The proposed budget eliminates the ADRC Board of Directors in statute. Our governing boards are comprised of people who are older, persons with physical and intellectual disabilities and their caregivers. By design-ADRC are meant to be a local focal point for persons to be engaged in construction of programs they need. We are governed by the people we serve-this is not accident. The network of Aging programs has a rich proven successful 30 year history in our state.
- The Current Model Works: Wisconsin designed these programs with great intention and hard work. They became a national model due to their success and universal appeal. We serve the middle class, folks hovering just above poverty and those in desperate need. We are local and highly visible, we provide unbiased information and options counseling, lead the nation in prevention programs that keep people living at home and out of nursing home. Every day we delay a nursing home stay we save that person \$241 and up to \$87,000 a

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year, keeping them out of poverty and tax-payer supported assistance. Wisconsin has done many independent quality reviews of ADRC's and we KNOW we work. One of the most recent reviews by Analytic Insight revealed:

- o 1 in 3 customers or 33% stated the ADRC helped them continue living in their homes in a situation in which they may have otherwise gone into assisted living or a nursing home
- o 81% state the ADRC helped them decide whether to stay in their home and got the help they needed We have the Public's trust; we have no financial incentive for the referrals we make or in the information and support we provide. We are proactive becoming the local catalyst for Alzheimer's and Dementia initiatives, provide memory screening and are mobilizing businesses and law enforcement our community around this issue.
- Policy change without financial savings: What is most curious about the budget proposal is that all of the
 infrastructure changes and dismantling of our programs are not projected to save the state any money. The
 programs will be gone and the work still needs to be done. What the proposal will do is fragment and/or drop
 programs in the "hope" of allowing a private company to pick and choose services that may turn a profit vs
 continuing with something that has been a proven and valuable community resource. All of us are shaking our
 heads wondering why.

We ask that you consider to not:

- > Do Not-Dismantle our governing boards and evidenced-based infrastructure, it will NOT save money-it is a slippery slope.
- ➤ **Do Not-Fragment our services** by contracting out selected core program areas to for-profit and non-profit companies-companies should not be making money on persons seeking information and support or screening for eligibility for programs they desperately need. Without us there will be no doorway for the middle class or way to preserve their resources.
- > Do Not leave Local County government holding the bag-when there is no prevention, no place to find services and get connected, people will fall more quickly into desperate times and end up on the doorway of county government, challenging already strained budgets.
- > Do help us assure that are local one-stop shops: There is no place like home... local one-stop shops are a proven success created by design. The proposals do not demonstrate cost savings for taxpayers; folks will flounder without direction in our long term care system and enter high cost tax supported programs before they need them.

Consumer feedback from a son we recently assisted through our Dementia Specialist -Memory Care Connections

Thank you for the time you spent with us yesterday helping us to understand our mother's dementia problems and the options that are available. We have been searching for months to find a single source of information on all the issues that bear on maintaining her and planning for her future. Innumerable books and websites just do not do it. There is absolutely no substitute from sitting face to face with someone who knows the issues, knows the problems, and can offer options and solutions. You are a lifeline to those of us facing these kinds of problems and issues.

Help Save Your ADRC of Brown County

DRCs were developed to change the way social services are delivered, a new pro-active approach to prevent Wisconsin taxpayers from drowning under the weight of the pending "sliver tsunami". The need for ADRC services in Brown County is increasing every year. Brown County's population is



growing and baby boomers are pushing the older segments growth. Between 2000 and 2030, growth for persons age 60-64 will be 104%, 115% for ages 75-79 and 195% for persons age 95-99. ADRCs are a Wisconsin innovation started 20 years ago, tested and proven successful, a model held out for replication throughout the nation.

The Governor's 2015-2017 Budget Proposal SB21 referring to ADRCs as "resource centers" if passed would dismantle the ADRC model.

PROPOSAL: Eliminate the requirement for resource centers (ADRCs) to have governing boards

IMPACT:

The ADRC of Brown County is governed by a board made up of the persons we serve, persons that live right here in Brown County. Additionally advisory boards and listening sessions held throughout the county are critical to creating and shaping programs that address the unique needs of Brown County, filling service gaps, providing advocacy, and helping avoid costly crisis intervention.

PROPOSAL: Allow the Department of Health Services to contract with a private entity to provide "all or some of the services" of a resource center.

IMPACT:

As non-profit, quasi-county department ADRC staff are customer-focused, providing unbiased and conflict free advice and connection to Brown County services. Before ADRCs services were scattered and hard to access. ADRCs were created to address the problem as One-Stop-Shops, where access to all services are available under one roof. A 2008 study by Analytic Insight reported customers rated ADRCs highly (96% would recommend the ADRC of Brown County to a friend), based on the guidance provided; "each step customers needed to take was explained clearly, with individualized help to navigate systems and fill out paperwork". This would not be possible if resource center services where contracted with multiple private entities fragmenting accessibility and opening the possibility for eliminating services. If services are eliminated the need will not go away and counties will bear to cost of filling the gap.

PROPOSAL: Allow for these private entities to provide services "statewide or from within the entire geographic area prescribed by the department".

IMPACT:

ADRCs serve any Brown County senior, adult with disabilities and their caregivers. Only 20% of ADRC customers are eligible for tax-payer supported long-term care services. A 2014 study by Analytic Insights showed that of the other 80%, 4 in 10 have very low income and assets, and very high social support. ADRCs are true conservators of tax-payer and personal financial resources. ADRCs help to conserve personal financial resources and social support so consumers can remain in their homes (where they want to be) and delay or optimally prevent the need for expensive long-term care.

ADRCs provide efficient and cost effective service delivery, encouraging donations and extensively using volunteers to reduce consumer expense, program expense and tax-payer burden.

Wisconsin's recent example of statewide brokered service delivery in the Non-Emergency Medical Transportation program is on its second broker in two years and still receiving complaints.

Brown County citizens want to talk to a person and be served by staff with personal knowledge and understanding of local services and providers.

Find more information at www.adrcofbrowncounty.org, click on Advocacy on the left.

Analytic Insight is an independent company hired by the Wisconsin Department of Humans Services to collect customer satisfaction and quality assurance data on ADRCs.

2015 - 2017 Proposed Budget would: Save Your ADRC of Brown County

- Eliminate Local ADRC's Replace with Statewide or Regional private or non-profit companies
- Provide Fewer Services -Allow Department of Health Services to contract for all or some services
- boards. There would not be boards made up of ADRC customers that help select and design services you need! Eliminate Requirement for Local Boards - New companies would not be required to have governing



What Can You Do? - Contact Your State Legislator Now!

- . Tell them in your own words Why your local ADRC is important to you
- Give a personal story of how your local ADRC helped you or someone you know

Find your legislator at http://legis.wisconsin.gov/ - Type in your home address

Send an email - call and leave a message - write a letter

Save Your Local ADRC

2015-2017 State Budget

Have your opinions heard at:

WI Town Hall Meeting

Tuesday, March 24

Green Bay Budget Hearing
4:00 PM - 7:00 PM
De Pere LibraryKress Family Branch
Emil & Gail Fischer Room A
333 N. Broadway
De Pere, WI 54115

Call the ADRC (920-448-4300) for more information.

Budget Proposal and It's Impact on You



The Governor's 2015-2017 Budget proposal includes a number of changes that will affect services to seniors and persons with disabilities. This paper is designed to outline the issues and their impact.

Aging & Disability Resource Centers (ADRCs)

PROPOSAL

Note: Budget proposal refers to ADRCs as "resource centers" throughout the document.

- Eliminate requirement for resource centers (ADRCs) to have governing boards
- Eliminate first right of refusal for counties to operate a resource center
- Allow Department of Health Services (DHS) to contract with a private entity for all or some of the services of resource centers. Would no longer be required to provide all services.
- Allow for these private entities to provide "services statewide or from within the entire geographic area prescribed by the department."

IMPACT

ADRCs -(resource centers) are a Wisconsin idea and proven success that is being replicated throughout the United States to meet the needs and reduce the expenses of the growing -aging baby boomer population.

As a non-biased, one-stop shop Resource Centers

have made an impact in reaching seniors, adults with disabilities and their caregivers sooner - helping them to conserve their personal resources to remain in their homes and delay or optimally prevent the need for expensive long-term care.

Resource centers provide efficient and cost effective service delivery, helping consumers maximize family and community support, encouraging donations, and extensively using volunteers to reduce program expense and taxpayer burden.

Resource centers are governed by the people they serve. Local governing boards provide a voice for consumers to shape services to meet the unique needs of their community.

Resource Centers reduce medical costs. They give people purpose, helping them to lead productive, independent lives.



Edith Barth had fallen many times and was using a cane and worried she would be a captive of a wheelchair and unable to remain in her home in the near future. Edith's life changed after participating in the Resource Center's **Stepping On** program. Evidenced based and facilitated by volunteers this 6 week class

made Edith stronger and eliminated her need for the cane. She's now volunteering as a facilitator.

Read more on the back⇒

Advocacy Group Resources:

Wisconsin Aging Advocacy Network (WAAN) gwaar.com- Senior Care Press Release and Memo to Legislators
AARP: www.aarp.org/states/wi.html: AARP Article about the Governor's Budget Proposal
Survival Coalition of WI: www.survivalcoalitionwi.org, Disability Rights of WI: www.disabilityrightswi.org, ADRC of Brown County: www.adrcofbrowncounty.org - Click Advocacy on the left.

Budget Proposal Impacts, cont.



Family Care - IRIS

PROPOSAL:

The proposal includes:

- Elimination of the IRIS program
- Redesign of Family Care; moving program oversight from the Department of Health Services to the Office of the Commissioner of Insurance.
- Eliminate the Long Term Care Advisory Council
- Eliminate Regional Districts, instead contract with companies that will operate state-wide.
- Eliminate sealed competitive bid requirement.
- Reduce funding for personal care supports.

IMPACT:

Family Care and IRIS (Include, Respect, I Self-Direct) are programs that have saved money by allowing older adults and persons with disabilities to receive needed services to remain living in their homes and communities and out of expensive long -term care facilities.

The IRIS program has allowed persons to manage their own budgets and services, including the ability to select who provides them with very intimate care such as bathing and dressing.

Persons in these programs rely on personal care supports to function daily. Reducing personal care funding will increase isolation and decrease the ability to work, and live a productive life. Family Care and IRIS are programs that have emphasized person-centered, community based

supports, giving individuals dignity, choice and the ability to live, work, and be part of the community. People prefer working with persons in their community, who know their community.

Changing oversight from a social model (Department of Health Services) to a business model (Office of the Commissioner of Insurance and eliminating the Long Term Care Advisory Council will reduce consumer and local input to the program and increase cost as contracts are awarded without competitive bid and switched from non-profit to for-profit entities.

Senior Care

PROPOSAL:

Reintroduces a plan rejected by the legislature in 2011 that would require participants in Senior Care to enroll in a federal Medicare Part D. The proposal would to cut the program by \$15 million over the next two years.

IMPACT:

Senior Care provides very low income senior citizens with affordable prescription drug coverage. It requires only a \$30 annual fee and a \$5 or \$15 co-payment for each prescription with most drugs covered under the Medicaid formula.

Seniors who are already struggling financially would be required to do extensive research to find a Medicare Part D plan and pay on average \$702 per year in premiums plus out-of -pocket expenses.

State Budget would lose \$15 million in matching federal funds in addition to 100% of the program income.

Brown Co. – State Legislators

Senate



Lasee, Frank (R - De Pere)

District 1

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Cowles, Robert (R - Green Bay)

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Jason Mugnaini Jason. Mugnaini@legis.wisconsin.gov

Ryan Smith Ryan.Smith@legis.wisconsin.gov



Hansen, Dave (D - Green Bay)
Assistant Minority Leader

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John Wagnitz John, Wagnitz@legis.wisconsin.gov

Brown Co. - State Legislators

Assembly



Kitchens, Joel (R - Sturgeon Bay)

District 1

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Jacque, André (R - DePere)

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Jason Miller Jason. Miller@legis. wisconsin.gov



Steffen, David (R - Green Bay)

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Staff: Nicole Walentowski Nicole. Walentowski@legis.wisconsin.gov



Steineke, Jim (R - Kaukauna) Majority Leader

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Bob Karius Bob.Karius@legis.wisconsin.gov Carol Redell Carol.Redell@legis.wisconsin.gov Rusty Schultz Rusty.Schultz@legis.wisconsin.gov

Jon Turke Jon. Turke@legis.wisconsin.gov

Brown Co. - State Legislators



Tauchen, Gary (R - Bonduel)

District 6

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Macco, John (R - De Pere)

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Genrich, Eric (D - Green Bay)

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Steve Peters Steve.Peters@legis.wisconsin.gov

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Sincerely,



2014 ANNUAL REPORT

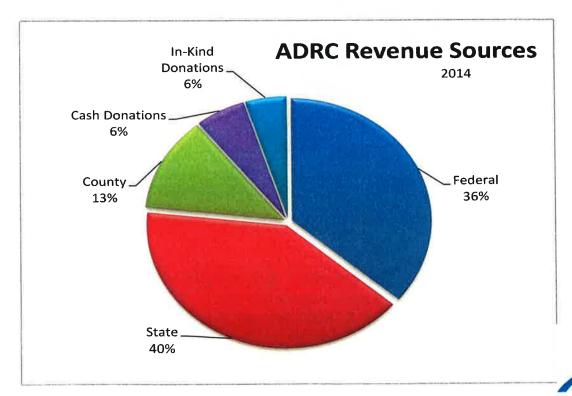


There's no place like home!

2014 Annual Report

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"Building a community that values, empowers, and supports seniors, adults with disabilities, and their caregivers"

he ADRC of Brown County lives it's vision to build a community that will make Brown County a place that values, empowers, and supports the people we serve. We are committed to finding creative ways to fulfill this vision far beyond what our budget would allow. Engaging strategies such as process improvement projects (read more on page 11), and building relationships with many community agencies who share our vision we've learned we can do things better and are stronger with partners (more on page 5), working together we can and do make life better, not only the people we serve but the whole community - making it happen locally - right here at home.

2014 was a busy year, working on empowerment, we supported the development of a Self-Directed Volunteer Team of older adults. The team chose "advocacy" as the focus of their activities. In 2014 they received training in a state-wide "Power-Up" initiative sponsored by the Greater Wisconsin Agency on Aging Resources (GWAAR).

The Neighbor Care Project has begun work in our rural Denmark area and all of the outreach efforts by the ADRC in 2013-2014 created the momentum needed for that initiative and its newly hired Community Organizer to capitalize on. An initial asset map and contacts were established, presentations occurred within the churches and community groups. The Nursing Home Relocation Specialist outreach is showing success with referrals increasing from 88 in 2013 to 151 in 2014. Medicare assistance and education is in high demand. The Medicare Volunteer Program expanded in 2014 reaching far more persons than staff could have ever done.

ADRCs are being challenged by the state who is being challenged by the Federal Administration on Community Living to modernize and with good reason. The services ADRCs provide have worked for over 30 years, helping people stay independent and out of the expensive long-term care system. But seniors are changing and we need to change with them to stay relevant. That's why we've been planning and saving over the past five years to modernize our AddLife Center. The project put heavy emphasis on improving ADA accessibility, involving consumers, and getting advice from experts. Construction began in September and was completed in December. An Open House at the ADRC was held in January 2015.

Having received a favorable report regarding the savings to be realized through expansion of Family Care in northeast Wisconsin, the State Committee on Joint Finance gave their approval to begin in 2015. Recognizing what a huge undertaking this will be, planning started in 2014.

Finally none of this would be possible without the passion and dedication of ADRC of Brown County staff. So rich in talent and heart, they give their all everyday and it shows!

Devon Christianson, Director

Information and Assistance - Benefit Specialists

Since 1979 Brown County residents have known they can rely on their local ADRC for Answers and Solutions to the challenges they face.

In fact in the latest satisfaction survey, 95.6% would recommend the ADRC to others. Their reasons; ADRC staff helped them understand their situation along with future needs they did not even consider; helped them understand their options and the pros and cons of each; provided unbiased information they could rely on; took the time they needed to help them make a decision.

ADRC staff listen to customers to learn about their individual situation and preferences. They assist them through their journey, over years if necessary, providing services and support as needed, in just the right doses at just the right time, enabling persons to make the best choices for themselves and their families.

Staff do more than just talk to people over the phone, they make "house calls" meeting people where it's most convenient for them. They provide "hands-on" assistance with applications, advocating and following up to ensure individuals receive the services they need.

| | Contact 1 | Гуреs | |
|--------------|-----------|--------|-------|
| | 2014 | 2013 | 2012 |
| Phone | 24,444 | 14,856 | 8,831 |
| Office Visit | 3,536 | 1,515 | 1,492 |
| Home Visit | 1,202 | 961 | 704 |
| Email | 1,248 | 1,194 | 872 |
| Fax/Written | 604 | 509 | 383 |

| | Cont | acts | |
|-----------------------|--------|--------|--------|
| | 2014 | 2013 | 2012 |
| Contacts | 31,034 | 24,425 | 24,192 |
| Consumers | 9,198 | 7,647 | 8,684 |
| Functional Screens | 427 | 406 | 391 |

| Co | ntacts by | Age Grou | р |
|----------|-----------|----------|--------|
| Age | 2014 | 2013 | 2012 |
| 60+ | 19,536 | 16,094 | 16,382 |
| Under 60 | 10,409 | 8,076 | 7,528 |

Every contact does not provide age information.



"Thank you for the time you spent with us, helping us understand our mother's dementia problems and the options that are available.

We have been searching for months to find a single source of information on all the issues that bear on maintaining her and planning for her future. Innumerable books and websites just do not do it. There is absolutely no substitute from sitting face to face with someone who knows the issues, knows the problems, and can offer options.

You are a lifeline to those of us facing these kinds of problems and issues."

| Benefit Specialist - Fiscal Impact 2014 | | | | |
|---|-------------|-----------|----------|-------------|
| | Federal | State | Other | Total |
| Age 60+ | \$2,158,779 | \$515,605 | \$12,506 | \$2,686,890 |
| Age 18 to 60 | \$3,655,764 | \$765,858 | \$0 | \$4,421,622 |



Partnerships - Stronger Together

January - December, 2014

United Way - Crisis Center - 211 Resource Database

Working with the United Way and the Crisis Center at Family Services the 211 Community Resource database is kept up-to-date. ADRC staff sit on the inclusion/ exclusion committee which is responsible for the database maintenance, content, quality, and integrity. The collaboration complies an annual report based on consumer activity at all three agencies. The report is valued as a planning tool in the community, providing valuable information regarding needs along with unmet needs in Brown County.

Prevention Coalition

A Prevention Coalition was organized inviting the four local hospitals to participate. Care Transitions was agreed upon as the first priority to address as a coalition. In 2014 the project worked on collecting baseline data on Brown County hospital readmission rates. Using the baseline data, they worked on determining the potential root causes of readmissions. As a result additional emergency room data was gathered and analyzed from all four hospitals as well as from other health system readmission emergency departments. After review of the data the Coalition supported the project of falls prevention education to pursue in 2015.

Dementia Coalition

The Brown County Dementia Care Coalition is committed to the enhancement and promotion of communication, education, research, advocacy, and support among individuals and agencies in a non-competitive environment. The coalition is busy organizing the creation of Memory Cafés in the community, providing outreach to physicians on community supports for people with dementia and their family members/ caregivers, outreach, partnership, and promotion of memory screen events lead by the ADRC, educating the public about Alzheimer's Disease and related dementia, and creating awareness with physicians, professionals, and the community in general.

Caregiver Coalition

The Brown County Caregiver Coalition formed because the majority of people will be caregivers at some point in their lives. The group is comprised of caregivers, advocates, agencies and businesses committed to supporting and strengthening caregiving relationships through advocacy, education and community outreach In 2014 the group hosted the first annual Caregiver-Get-A-Way event. A day of education and pampering for caregivers that also included free respite care for their loved one while they attended. It was a BIG success!

So much more....

The YWCA and YMCA have been long time partners in helping us provide exercise education and classes for consumers. Prevention is essential to helping people stay healthy, active and independent. There is not enough room here to talk about all the partnerships the ADRC is involved in. Relationship building is key and we are fortunate to work in a community where so many agencies and businesses share this value and vision. Working together we make our community stronger.













alzheimer's \\\ \\ association

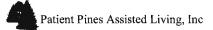














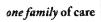
















HARMACY

More Than Just A Meal

The Nutrition Program serves persons 60 years and older with a hot, nutritious noon meal Monday through Friday at nine locations to dine in and to homebound individuals homes with the assistance of over 240 registered volunteers. Volunteers are essential, assisting at meal sites, packaging and delivering meals and providing a safety check for homebound meal participants.

Through the March for Meals Campaign the ADRC spotlighted the work of these wonderful volunteers, which includes local businesses that sponsor routes by sending their employees to make deliveries. We also highlighted the importance of meal delivery in the lives of the participants. Providing a safety check and helping them stay independent and in the home they love.

Local and statewide dignitaries joined the celebration by delivering a meal to see first hand how this program adds to the qualify of life for participants.



January - December, 2014



Meals on Wheels



Brown County Executive Troy Streckenbach making a March for Meals delivery.

Outcomes - Changing Lives for the Better

93% Responded that receiving meals helps me live independently in my home.

77% Eat healthier foods as a result of the ADRC meal program.

90% Responded that receiving meals helps me maintain or improve my health condition.

94% Responded that receiving meals has improved my overall quality of life.

| | Meals Sei | rved | |
|--------------|-----------|---------|---------|
| | 2014 | 2013 | 2012 |
| Congregate | 38,224 | 42,620 | 47,243 |
| Homebound | 91,254 | 87,905 | 89,766 |
| Total Served | 129,478 | 130,525 | 137,009 |

| | Clients So | erved | |
|--------------|------------|-------|------|
| | 2014 | 2013 | 2012 |
| Congregate | 2453 | 2103 | 1965 |
| Homebound | 972 | 894 | 930 |
| Total Served | 3425 | 2997 | 2895 |



Volunteers Expand Programing

January - December, 2014

Beyond Budgets

Funding will never be enough to meet consumer needs. Volunteers make it possible to expand programing and deliver services our customers ask for and need.

Nutrition volunteers assist at congregate dining sites by registering diners, serving food and cleaning up. Homebound volunteers re-pack food into individual portions, and deliver meals, providing a safety check and visit for participants.

At Add*Life* Centers volunteers facilitate prevention classes, run educational workshops, lead card clubs and exercise classes, help in the exercise room, sit on advisory councils, fold, stuff, label and collate mailings, and help keep programs organized.

Caregiver volunteers help consumers stay independent and in their homes and support caregivers by visiting, shopping and providing rides.

Medicare Outreach Volunteers educate persons about Medicare helping them to make informed decisions, saving them money, maximizing their benefits.

Arthritis Class Participant shared with Volunteer
Leader: "I'm already tearing up", she told me that
she comes twice weekly, during each hour is able to
forget all the stress in her life. She told me about her
stress and how much the class has meant to her
emotionally, mentally and physically. She thanked
me over and over again. Of course, I was
overwhelmed. I just hugged her and thanked her for
sharing that with me."

| Caregiver | Volunteers |
|-------------------|------------|
| Visiting/Shopping | 886 |
| Driver Escort | 1,928 |
| Total Hours | 2,814 |
| Value | \$21,105 |

| Nutrition F | rogram |
|------------------|-----------|
| Congregate Hours | 5,227 |
| Homebound Hours | 13,612 |
| Total Hours | 18,839 |
| Value | \$141,292 |

| AddLife C | enters |
|---------------------|----------|
| Health and Wellness | 435 |
| Recreation/Clerical | 4,036 |
| Professional | 1,932 |
| Total Hours | 6,403 |
| Value | \$68,694 |

| Transportation | | |
|---------------------|--------|--|
| Medical Trips | 378 | |
| Employment | 6 | |
| Nutrition | 46 | |
| Education-Training | 2 | |
| Social-Recreational | 26 | |
| Shopping-Personal | 124 | |
| Total Trips | 582 | |
| Total Hours | 1,198 | |
| Total Miles | 15,314 | |

| Medicare Outreach Volunteers | |
|------------------------------|---------|
| Presentations | 190 |
| Attendance | 2,717 |
| Total Hours | 347 |
| Value | \$6,315 |

Health & Wellness - Changing Lives

January - December, 2014

Maintaining personal health becomes more challenging with age and disability. It takes determination, dedication, and creativity.

Working with a strong network of community partners new classes and sessions and locations were added, allowing 859 participants to learn how to stay healthy and active to get the most out of their lives.

Thanks to our partnership with Bellin Health a new *Keep Up Your Strength* exercise class was offered opening the opportunity for persons who use a wheelchair, walker, cane, or who have mobility issues to learn creative new ways to exercise. Participants loved the program - asking for longer sessions!



Lighten-Up a new evidenced based class that helps persons savor happy experiences, identify barriers to feeling happy, and learn new tools to increase well-being was a success. Leaders and participants raved about the experience.



"Volunteering has helped me to keep on track with my own Chronic Disease and keeps me focused on managing it.

Sharing information with the people who are new to the program and seeing their sense of accomplishment when we finish the program and hearing them say they are more confident about being able to manage their disease is one of the reasons I volunteer."

Stepping On Program Outcomes Preventing Falls - Staying Healthy- Staying Independent!

- **96%** of participants indicated they "agree or somewhat agree" that their balance has improved since starting the workshop.
- **99%** of participants indicated they "agree or somewhat agree" that their feel more likely to discuss fall risks with someone else, i.e.: their doctor, friend, family, etc.
- **97%** of participants indicated they "agree or somewhat agree" that they would refer someone to the Stepping On Program
- **96%** of participants indicated they "agree or somewhat agree" that they practiced most or all of the Stepping On exercises each week.
- **91%** of participants indicated they "agree or somewhat agree" that they have identified at least one personal fall risk that they are motivated to change as a result of the workshop.



Modernization - Improving Accessibility

January - December, 2014

The ADRC takes making our services and facilities accessible very seriously.

The activity center had not been updated since 1993, floors needed attention, the kitchen and bathrooms were outdated and not as accessible as they could be. The modernization project took years of saving and careful planning. Our goal was a welcoming, comfortable environment for everyone, whatever their "abilities" are. We consulted with consumers and experts to assure the changes were meaningful and useful to the persons we serve and new consumers we attract.

Below are a few of the changes and improvement, there are far too many to show here. Consumers are very excited about their new center, which was informally unveiled in December when construction was complete.





Hearing Loop was installed in three rooms where groups meet. The device allows for persons who have T-switches on their hearing aides to "tune-in" to the event and hear like anyone else would. One participant was amazed and so excited - He's never been able to hear so well at an event - it's like his hearing impairment is gone.



26 new Accessibility Features

Not enough room to mention them all, but here are a few:

- Adjustable computer stations
- "Hip chairs" make it easy to sit and get up
- Induction cook-top heats and cools in 30 seconds, safer for persons with dexterity or memory issues
- "Worm-Drive" cabinets bring cupboards and microwave closer
- Bidet (toilet) added for those with limited mobility and dexterity, clean up with comfort and ease.
- Demonstration kitchen with accessibility features that can be added to any home







AddLife - Reaching Out

January - December, 2014

AddLife Centers are places where seniors and adults with disabilities can go to find Laughter, Information, Friends, and Energy. There are three centers in Brown County that the ADRC supports, 300 S. Adams, Green Bay, and the Pulaski and Denmark Senior Centers. Program Coordinators listen to their customers to be sure they are planning activities and programs that are relevant, meaningful, and most important fun!

Only 20% of ADRC customers are eligible for tax-payer support long-term care services. A 2014 study by Analytic Insights showed that of the other 80%, 4 in 10

have very low income and assets, and very high social support. This high social support, along with good health are crucial to maintaining independence. These centers play an important prevention role, helping persons stay active and healthier longer and in building strong social support networks.



Early harvest from the raised garden, built, planted, harvested, and shared by ADRC volunteers.



Pick a Card - Any Card - Magic Show





Take Me Out to the Ball Game!



Having fun at the Holiday Party

"The atmosphere, the people, and the new friendships have all been unreal. It's like a second home to me."



Process Improvement

Aiming for Excellence

January - December, 2014

The ADRC is committed to process improvement and is always looking for ways to do things more efficiently, effectively, and to anticipate customers needs so that we can serve them better.

The ADRC has adopted the NIATx model of process improvement focusing on four aims 1)reduce customer wait time; 2) increase new ADRC customers; 3) increase the utility of referrals; and 4) increase customer's ability to be healthy at home. Customers include both external (the public we serve) and internal (staff) customers.

The five key principles of the NIATx Model are, 1) understand and involve the customer in the project; 2) fix key problems that keep the boss awake at night; 3) pick a powerful change leader; 4) get ideas from outside the organization or field; and 5) use rapid-cycle testing to establish effective changes. 6) establish sustainability so that successful outcomes continue.



Incoming Calls 1000 500 0 Oct Dec Jan

Welcome Center Overload Project: **Reduce Customer Wait-time**

The Welcome Center was experiencing a rapid increase in incoming call volume creating high stress and long wait-times for walk-in customers. The project's goal was to reduce the number of calls going to voicemail and maintain high customer services standards under increasing activity without hiring new staff. When the project began staff in the Welcome Center performed every duty, answering incoming calls and assisting walk-in traffic.

The process improvement project discovered that moving to a "switchboard model" where one person was moved to a private location where they would not be interrupted dramatically reduced the number of calls going to voicemail. In addition the staff who were dedicated to assisting customers who walk-in without phone interruptions were able to reduce wait-time for these customers and improve their experience and customer satisfaction. Staff also love the new process. WIN-WIN!

Pump You Up Project: Increase Exercise Participation for Customer's with Limited Mobility

Working with Bellin Health a new workshop was developed called Keep Up Your Strength. The idea of the workshop was to show that anyone can exercise! It offers three sessions for adults with; 1) very limited mobility those requiring a wheelchair, 2) with moderate mobility those using a walker or cane or who have balance issues, and 3) with some mobility issues, good balance but have some pain, stiffness, or loss of range of motion. It was tough to fill the first workshop. We were confident that it did change lives from the feedback received from the first sessions, so we knew we needed to tackle the task of getting the word out. The team worked hard on finding new outlets for outreach. During 2014 the workshop was held and filled three times in the



Spring, Summer, and Winter. The workshops mean so much to the people that attend them, learning they can exercise makes such a difference in the quality of their lives. Demand is growing and more sessions are planned for 2015



Our Mission

We strive to improve the lives of older adults, adults with disabilities, and caregivers through collaborations and partnerships.

First step to take - First call to make for:

Information

Explore answers and solutions

Access

Make connections and positive changes

Health

Educate, inspire, and enrich

Advocacy

Empower and mobilize

Our goals are to instill hope, promote possibilities, and help individuals connect to their community.

Our Values

Consumer-Driven Services

We will support individual choice built on the strength of individuals, families, and their communities.

Empowerment

We will equip persons with the tools they need to make informed decisions and maintain control of their lives.

Respect

We will recognize and value the unique qualities and experience of each person.

Quality

We will continuously strive to provide the highest quality services.

Collaboration

We will promote partnerships that reach across systems and organizational boundaries.

Stewardship

We will effectively and efficiently manage public and private resources.

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